

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2161

State File No.

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Harrisonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Harrisonville Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether)  
In this community 60 yr. years, months or days)

3. (a) PRINT FULL NAME ESTELLE W. POE

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Hubert Lee Poe 6. (c) Age of husband or wife if alive May 11 1877 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Harrisonville Mo. A (City, town, or county) (State or foreign country)

10. Usual occupation Home - maker

11. Industry or business

12. Name James Woodbridge  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Frances Horn  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Carolyn Poe Coker

(b) Address Texas

17. (a) burial (b) Date thereof Jan 29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director Busseneburg

(b) Address Harrisonville Mo

19. (a) 1/29/41 (b) Peckesley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
(c) City or town Harrisonville (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1941 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from 1-25- 1941 to 1-29 1941 that I last saw her alive on 1-29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Petro. Cecal appendicitis  
hemorrhagic type  
Due to General Debility and  
Permeable Intestine

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury.

23. Signature David O. Long (M. D. or other) D  
Address Harrisonville Mo Date signed 1/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 29 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.